

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: G. F. SIGURJONSSON

SERIAL NO.: 10/725,632

FILED: December 3, 2003

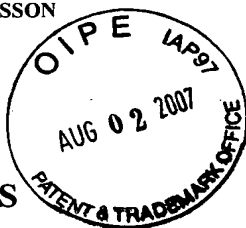
FOR: WOUND DRESSING

CONFIRMATION NO. 4659

GROUP ART UNIT: 3772

EXAMINER: Lewis, Kim M.

ATTY. REFERENCE: SIGU3006/JEK/JJC



COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.

☒ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	14	- 20 <sup>1</sup>	= 0 <sup>3</sup>	× \$ 25 =	× \$ 50 =
Independent Claims	2	- 3 <sup>2</sup>	= 0 <sup>3</sup>	× \$100 =	× \$ 200 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$180 =	+ \$360 =
<b>TOTAL</b>					

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ . A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ is attached.

☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200.

☐ Also enclosed is/are:

23364

Customer Number

Phone: (703) 683-0500

DATE: August 2, 2007

Respectfully submitted,

JUSTIN J. CASSELL

Attorney for Applicant

Registration Number: 46,205



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Application No.:	10/725,632	Examiner:	Lewis, Kim M.
Filing Date:	December 3, 2003	Art Unit:	3772
First Inventor:	G. F. Sigurjonsson	Customer No.:	23364
Attorney No.:	SIGU3006/JEK/JJC	Confirm. No.:	4659
For:	WOUND DRESSING		

REPLY TO OFFICE ACTION  
OF MAY 4, 2007

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sir:

INTRODUCTORY COMMENTS

This is responsive to the Office Action dated May 4, 2007 in the above application. In view of the following amendments and remarks, reconsideration of the application is respectfully requested.

AMENDMENT

Please amend the application in accordance with the following particulars.

In the Claims

The claims are amended as shown on the following pages under the heading AMENDMENT TO THE CLAIMS. The list shows the status of all claims presently in the application and is intended to supersede all prior versions of the claims in the application. Any cancellation of claims is made without prejudice or disclaimer.